



TESTIMONY
of the
CONNECTICUT CONFERENCE OF MUNICIPALITIES
to the
PUBLIC HEALTH COMMITTEE

March 6, 2009

CCM is Connecticut's statewide association of towns and cities and the voice of local governments - your partners in governing Connecticut. Our members represent over 93% of Connecticut's population. We appreciate this opportunity to testify before you on issues of concern to towns and cities.

CCM opposes sections of Raised Senate Bill 847 "An Act Implementing The Governor's Budget Recommendations Concerning Public Health" that would reduce state funding for local public health.

Currently, state funding for all local health departments is \$5,347,209. This funding helps provide public health services in every municipality. SB 847 would cut this to \$3 million. In addition, this bill changes the mechanism for appropriating funds to local health departments and creates a new definition of "regional health departments":

- **Funding of these new "regional health departments" would be reduced 40% from \$2.08 per capita to \$1.25.**
- **Furthermore, 77 municipalities serving 64% of our residents would no longer receive any funding: 32 full-time municipal health departments, 28 part-time municipal health departments, and 7 of the current 20 health districts (that fall beneath the thresholds in the bill by only represent two municipalities or have combined population of less than 50,000).**

A list of the municipalities that would lose state funding is attached.

S.B 847 would have harmful consequences on the public health system in Connecticut. CCM believes in incentives that encourage regionalization of services, including public health, but this bill takes the wrong approach: it really is a budget cut.

As you are well aware, municipalities are struggling to continue to provide necessary programs and services to their residents. Elimination of all state funding from municipal health departments and smaller health districts obviously will severely impact staffing and the ability to perform the functions necessary to protect our citizens. The case of district funding is no less critical. Districts depend on fees, per capita funds and grants. As the recession has led to reduced fee payments, a 44% cut in per capita funding from the state could be disastrous.

Local health departments are the on-the-ground presence in the areas of sewage disposal, restaurant inspection, childhood lead poisoning investigation, well water matters and outbreak investigation, to name a few. Local health departments are in large part the enforcers of the State Public Health Code. In spite of the

absence of State funding, their responsibilities under the law remain the same, indeed they have grown in recent years particularly as part of the new focuses on homeland security and pandemic flu (see attached). The proposed cuts in this bill will impact every single local department in the State. Local health departments should not be asked to sustain the largest percentage cut in the State Health Department's budget—especially at a time when they're consistently being asked to take on more responsibilities.

Health Districts are one of the oldest and most successful demonstrations of towns sharing services. Health districts in Connecticut have demonstrated that more and better quality local public health services can be provided for less. Connecticut has made great strides in keeping its citizens healthy and continues to keep health care reform at the top of its agenda. S.B 847 and its accompanying changes in how health districts will be defined and funded is the wrong policy message to send, it can only result in either (a) less public health for the state's residents and an increase in the poor health outcomes that will follow this loss, (b) property tax increases, or (c) cuts in other vital local public services.

CCM urges the Committee to take no action on S.B 847.

##

If you have any questions, please contact Donna Hamzy, Legislative Analyst
via email dhamzy@ccm-ct.org or via phone (203) 498-3000.



**77 Municipalities That Would Lose All State Aid For Health
Departments Under SB 847**

Full-time	Part-time	District
Bethel	Bolton	Bridgewater
Bridgeport	Brookfield	Clinton
Colchester	Chester	Deep River
Cromwell	Durham	East Haddam
Danbury	Essex	East Hampton
Darien	Franklin	Haddam
East Hartford	Griswold	Hebron
Fairfield	Killingworth	Marlborough
Glastonbury	Lebanon	Newtown
Greenwich	Lisbon	Old Saybrook
Guilford	Lyme	Oxford
Hartford	Middlebury	Roxbury
Madison	Middlefield	Southbury
Manchester	North Stonington	Weston
Meriden	Old Lyme	Westport
Middletown	Orange	Woodbury
Milford	Plainville	
New Britain	Preston	
New Canaan	Putnam	
New Fairfield	Redding	
New Haven	Salem	
New Milford	Sharon	
Norwalk	Sherman	
Ridgefield	South Windsor	
Southington	Stonington	
Stamford	Voluntown	
Stratford	Washington	
Wallinford	Westbrook	
Waterbury		
West Haven		
Wilton		
Windsor		



Municipalities Belonging To Health Districts That Would Lose 40% Of Their State Support For Those Districts Under SB 847

Andover	Easton	Portland
Ansonia	Ellington	Prospect
Ashford	Enfield	Rocky Hill
Avon	Farmington	Salisbury
Bantam	Goshen	Seymour
Barkhamsted	Granby	Shelton
Beacon Falls	Groton	Simsbury
Berlin	Groton	Somers
Bethany	Hamden	Sprague
Bethlehem	Hampton	Stafford
Bloomfield	Hartland	Sterling
Bozrah	Harwinton	Suffield
Branford	Kent	Thomaston
Bristol	Killingly	Thompson
Brooklyn	Ledyard	Tolland
Burlington	Litchfield	Torrington
Canaan	Mansfield	Trumbull
Canterbury	Monroe	Union
Canton	Montville	Vernon
Chaplin	Morris	Warren
Cheshire	Naugatuck	Waterford
Colebrook	New Hartford	Watertown
Columbia	New London	West Hartford
Cornwall	Newington	Wethersfield
Coventry	Norfolk	Willington
Danielson	North Branford	Winchester
Derby	North Canaan	Windham
East Granby	North Haven	Windsor Locks
East Haven	Norwich	Winsted
East Lyme	Plainfield	Wolcott
East Windsor	Plymouth	Woodbridge
Eastford	Pomfret	Woodmont
		Woodstock



Federal Flu Planning Falls on Municipalities

In post-9/11 America, local health departments are inundated with increasing health preparedness demands above and beyond the traditional concerns. From smallpox to anthrax to pandemic preparedness — planning for and responding to nationwide (or potentially global) issues inevitably falls on the shoulders of local health officials. This burden is most evident in the federally issued State and Local Pandemic Influenza Planning Checklist (fall 2005), where the U.S. government has clearly placed the bulk of planning for a pandemic on local governments. In addition to the 400-page federal flu plan, this checklist outlines an overwhelming amount of detailed planning for towns to conduct in order to adequately prepare for a pandemic. The checklist fails to identify the costs associated with planning for a pandemic.

State and Local Pandemic Influenza Planning Checklist

- Establish Pandemic Preparedness Coordinating Committees to develop local pandemic operational plans.
- Formalize agreements with neighboring jurisdictions and address communication, mutual aid and other cross-jurisdictional needs.
- Establish and maintain demographic profiles of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operational plan.
- Identify the legal authorities responsible for executing the operational plan — particularly, isolation, quarantine, movement restriction issues.
- Create an Incident Command System for the pandemic plan based on the National Incident Management System.
- Conduct year-round traditional surveillance for seasonal influenza, including electronic reporting — link and routinely share influenza data from animal and human health surveillance systems.
- Coordinate plans with the State and region for vaccine distribution, use, storage, security, and monitoring; and for communication of vaccine status.
- Inform citizens in advance about where they will be vaccinated.
- Plan and coordinate emergency communication activities with private industry, education, and non-profit partners (e.g., local Red Cross chapters).
- Develop up-to-date communications contacts of key stakeholders and maintain community resources, such as hotlines and Website, to respond to local questions from the public and professional groups.